

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/587804**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4				/		
5				/		
6				/		
7			<i>Cancelled</i>			
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12			<i>Cancelled</i>			
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18				/		
19				/		
20			<i>Cancelled</i>			
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25			<i>Cancelled</i>			
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31			<i>Cancelled</i>			
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43			/	/		
44				/		
45				/		
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49				/		
50				/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/			
52				/		
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100						
TOTAL IND.		↓	8	↓		↓
TOTAL DEP.		←	20	←		←
TOTAL CLAIMS			28			